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UNITED NATIONS CHILDREN'S FUND
Programme Committee
1991 session

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

India

The Executive Director recommends that the Executive Board approve the country programme of India for the period 1991-1995 in the amount of $175,000,000 from general resources, subject to the availability of funds, and $290,000,000 in supplementary funds, subject to the availability of specific-purpose contributions.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1990, will be contained in the "Summary of 1991 recommendations for general resources and supplementary funding programme" (E/ICEF/1991/P/L.2).

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a/ In view of the Bureau's request for an 18-page documentation limit, the basic statistics and list of evaluations are not included in the present document but are available upon request in the original language from the secretariat.

THE SITUATION OF CHILDREN AND WOMEN

1. With a 1990 population of some 820 million, 25 states, 7 union territories, 15 major regional languages and infant mortality rates (IMRs) ranging from 28 to 123 per 1,000 live births, India is uniquely diverse. Basic indicators on children show a positive trend. IMR fell from 146 per 1,000 live births in 1960 to 94 per 1,000 live births in 1988, while the primary school enrolment ratio increased from 38 per cent in 1951 to 97 per cent in 1989.

2. About 30 per cent of the 25 million children born each year have low birth weight. Neonatal deaths account for about one half of infant deaths. The major causes of infant mortality are diarrhoea, pneumonia, neonatal tetanus and measles, often aggravated by malnutrition. Protein-energy malnutrition affects about 70 per cent of all children under five years old, with possibly one tenth suffer from severe malnutrition. Vitamin A causes an estimated 40,000 new cases of nutritional blindness each year. Some 70 per cent of women of child-bearing age suffer from chronic anaemia.

3. The situation of girls and boys differs significantly according to most indicators, particularly in the northern states. For example, the female mortality rate exceeds the male rate by 10 per cent for children under five years old and by nearly 40 per cent for 5- to 9-year-olds.

4. While there is a primary school in nearly all villages, problems remain in basic education, including lack of access to schools, low achievement, high drop-out and repeater rates and severe disparities between socio-economic groups, geographic areas and between boys and girls. There are as many children (mostly girls) between the ages of 6 and 11 years out of school as are attending it. Only 5 per cent of children reach secondary school.

5. The stream of rural migrants seeking work in the cities, the rapid spread of urban slums, the increasing number of abandoned infants and street children, exploitative child labour and pockets of internal strife leave many young children in especially difficult circumstances. According to some estimates, the number of working children exceeds 40 million.

6. The availability of drinking water in rural areas improved threefold between 1981 and 1989 to 71 per cent. In 1990, out of a total of 590,000 villages, only 7,000 had no water source and around 90,000 were partially served. Ensuring water quality and strengthening linkages with health and sanitation remain major challenges. Service levels for sanitation in urban and rural areas are below 30 per cent and 1 per cent, respectively.

7. The situation of children hinges on that of women. Most social indicators, including the sex ratio (933 females per 1,000 males) and literacy (34 for females and 55 for males for all ages), point to the depressed situation of women. Socio-cultural biases, combined with poverty, weigh heavily on women who marry early and bear children young, and who work

excessively long hours in the home and outside, with unequal access to health and nutrition, educational and other opportunities, as well as insufficient legal protection and social and political participation.

PROGRAMME COOPERATION, 1985-1990

8. UNICEF cooperation covered three clusters of projects: convergent services; technical services; and awareness/capacity-building. This cooperation provided catalytic support for alternative strategies, accelerated service provision and strengthened weak links in development.

Water supply and sanitation

9. UNICEF has helped to develop and disseminate low-cost appropriate technologies for well-drilling and hand-pump development, with an emphasis on village-level maintenance and operation to reduce women's drudgery, as well as water-related diseases. India has pioneered the development of the India Mark II hand-pump, which can be found not only throughout rural India but in many other developing countries. Over 40 Indian manufacturers are now exporting 5,000 hand-pumps annually through UNICEF and a much larger number directly. India has provided every "problem village" (identified in a 1985 survey) with at least one source of safe water. UNICEF has also helped to strengthen management information systems, starting with performance monitoring of drilling rigs, improving outputs and thus reducing unit costs of well installation. The major focus of current UNICEF support, however, has been on intensifying environmental sanitation efforts and communication and social mobilization activities to optimize health impact. In an allied project at Rajasthan, the incidence of dracunculiasis (Guihea worm disease) was reduced substantially through awareness-building and community participation using village contact teams, conversion of stepwells and provision of hand-pumps. "Contact teams" of village women, who travel from village to village with messages about safe drinking water and health, have proved once again that person-to-person contact is the most effective means of rural communication.

Immunization

10. Rates soared following the new government commitment. Coverage with anti-tuberculosis vaccine rose from 24 per cent in 1985 to 89 per cent in 1990, while measles coverage increased from 0 to 69 per cent in 1990. The phased expansion of the programme was accomplished on schedule through political and administrative commitment and professional support. The dramatic increase in immunization coverage establishes a base on which the public health system can build other elements of primary health care (PHC) on a similar scale. Full immunization coverage poses a major challenge in states that have high IMRs and a less-developed health infrastructure. By mid-1990, cold-chain equipment was provided and installed in all 452 districts, workers were trained and a fixed-day strategy was established, providing services regularly on a daily, weekly or monthly basis. Communication efforts included

mobilization around this "fixed-day" strategy, extensive use of modern and traditional media such as video vans, village contact teams and massive distribution of printed materials (e.g., 100 million immunization cards and schedules in 13 languages). The findings of the 1989 national review on immunization showed some weak areas such as linkages with other components of maternal and child health (MCH) services, urban coverage and district-level planning, which led to programme redesign. Components supported by UNICEF included training, communications, supply of essential items and vaccines, programme planning and social mobilization.

11. UNICEF also supported the extensive training of private doctors in diarrhoea management and promoted home treatment and the use of oral rehydration salt packets. Other programmes led to reduced leprosy prevalence in three districts, and the launching of an acute respiratory infection (ARI) control programme in 14 districts across 13 states.

Nutrition

12. UNICEF support included strengthening the national programme for the control of iodine deficiency disorders. The production of iodized salt rose tenfold from 250,000 tonnes in 1985 to 2.5 million tonnes in 1990. A comprehensive communication campaign promoted increased demand and consumption of iodized salt, while iodine monitoring laboratories were established at state and district levels. Following a review, a renewed commitment was made to the national anaemia and vitamin A programmes. Advocacy continued for the adoption of the International Code for the Marketing of Breast Milk Substitutes as national law.

Women in development

13. UNICEF cooperation has focused on two fronts. The first involved policy support for, and the promotion of, women's and girls' concerns through sectoral programmes. For example, the water supply and sanitation programmes began to focus on women as the prime movers of social development, based partly on successful examples of community management of facilities by groups of trained women. Secondly, UNICEF supported specific projects for women, such as Development of Women and Children in Rural Areas, in an increasing number of districts across the states, and the Women's Development Programme (WDP) at Rajasthan. The strategy in both projects involved organizing women for community-level actions to improve their collective and individual access to basic services, including skills training, education, health and child care. UNICEF supported the development of an infrastructure for programme management at the district level, in addition to the training, participation and involvement of voluntary organizations. As of March 1990, the Development of Women and Children in Rural Areas served 160 districts and some 27,000 women's groups.

Urban basic services

14. The strategy of urban basic services has been accepted as an alternative response to the massive consequences of urban poverty, as indicated by the government decision to extend the strategy from its current coverage of 168 towns to all towns and cities in the country. The approach involves the participation of neighbourhood committees, supported by resident community volunteers and nurtured by the municipal field staff and local voluntary agencies, in order to ensure the effective channelling of services for children and women (including immunization, improved infant feeding practices, home-based diarrhoea management, growth monitoring, pre-school learning, functional literacy, birth spacing and self-employment). Evaluations and studies have indicated mixed outcomes. For instance, achievements surpassed targets for child-care centres, but did not meet those for pre-natal care and the training of birth attendants.

Education

15. The mid-term review in 1988 indicated the need to "scale up" pilot-level activities supported by UNICEF. For example, the learning materials that had been developed needed to be disseminated and used widely. The work done in the field of early childhood care education needed to be organically linked to the Integrated Child Development Services (ICDS). More focus was needed on enhancing the primary school enrolment and attendance of girls. Some of these positive developments are being integrated into the larger educational system in line with the Education for All objectives.

Integrated Child Development Services

16. ICDS continued to grow, with 1,288 new projects established during the period, bringing the total number sanctioned to 2,424 by March 1990. The programme currently reaches approximately 45 per cent of the 5,147 development blocks and 236 urban slums in the country (with 38 million children under six years old - some 31 per cent of the national population in this age-group), directly benefiting 11.8 million children under six years old and 2.3 million pregnant and nursing mothers. Joint reviews with the Government have shown that there is scope for improvement in the recruitment and training of new staff, co-ordination with health services, quality of training, participation by voluntary organizations and women's groups, pre-school learning and outreach to children under three years old.

Childhood disability

17. UNICEF assisted the Government in focusing on primary and secondary prevention, through immunization, the control of micronutrient deficiencies (in iodine and vitamin A) and raising awareness. For children in especially difficult circumstances, UNICEF efforts helped to focus further attention on the plight of large numbers of street and working children and to shift emphasis from institutional support to family-based care and from punitive to corrective approaches, with voluntary and community mediation.

RECOMMENDED PROGRAMME COOPERATION, 1991-1995

Recommended general resources: $175,000,000
Supplementary funds: $290,000,000

Recommended programme cooperation a/

(In millions of United States dollars)

	General resources	Supplementary funds b/	Total
Child development	50.0	-	50.0
Women's development	20.7	4.0	24.7
Urban basic services	9.0	10.0	19.0
Support for community-based convergent programmes	2.5	10.0	12.5
Health	31.6	91.0	122.6
Education	20.0	100.0	120.0
Nutrition	4.0	11.0	15.0
Water supply and sanitation	14.0	64.0	78.0
Childhood disability	3.2	-	3.2
Children in especially difficult circumstances	3.7	-	3.7
Information and communication	2.8	-	2.8
Planning and programme support	13.5	-	13.5
Total	175.0	290.0	465.0

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

Overall objectives

18. The 1991-1995 programme of cooperation, as presented in full in the plan of operations, seeks to advance the following national objectives, consistent with the priorities in the eighth five-year plan, 1990-1995, and the global social development goals for the 1990s: (a) to reduce IMR from 94 per 1,000 live births in 1988 to 75 per 1,000 in 1995; the under-five mortality rate (U5MR) from around 146 to 125 per 1,000 live births; and the maternal mortality rate (MMR) from about 400 per 100,000 live births to 300 per 100,000 live births over the same period; (b) to reduce the morbidity of infants and children; (c) to promote universal access to drinking water; (d) to increase social acceptance of sanitary practices; (e) to enhance the nutritional well-being of children, adolescent girls and women; (f) to improve opportunities for basic education for all children and women, to increase attendance in primary schools and to improve adult literacy rates, especially among women; (g) to improve social and economic opportunities for women; (h) to reduce the proportion of early marriage of girls from the current 37 per cent in the age-group 15 to 19 years and 4 per cent in the age-group 10 to 14 years (1987-1988); and (i) to reduce disparities in social development indicators, among geographic areas and socio-economic groups and between males and females.

Implementation approach

19. A two-pronged approach is being proposed to address the agreed goals. First, programmes providing basic services to children and women, including ICDS, the Development of Women and Children in Rural Areas, urban basic services and MCH, will be supported on a nation-wide scale. In education, water supply, sanitation, nutrition and children in especially difficult circumstances, emphasis will be mainly on the development of systems and approaches, communication and training and advocacy at the national level.

20. In addition, in selected districts chosen by the Government on the basis of criteria such as child mortality rate, female illiteracy and extent of poverty, emphasis will be placed on enhancing community capacity to plan, manage and sustain developmental activities through the outreach gained in one or two existing programmes such as water supply or education. This, in turn, will be supported through intensive cross-sectoral programming by relevant ministries, supported by voluntary agencies, non-governmental organizations (NGOs) and others. The aim is to achieve convergence of action through community management.

Child development

21. UNICEF cooperation in this programme is channelled through ICDS, including most of the support for early childhood care and education. During the eighth five-year plan period, ICDS is expected to serve over 60 per cent of all development blocks. The ultimate goal is to provide services to all children in need under six years old, with priority given to blocks with a high proportion of "scheduled castes" or "scheduled tribes" (those given

special protection under the Indian constitution). This programme aims to improve the nutrition and health status, as well as the psychological, physical and social development of young children. The capability of mothers will also be enhanced through practical education in nutrition and health (e.g., Facts for Life).

22. Services under ICDS start with enlisting and guiding expectant mothers on preventive health care and maternal nutrition. They are then linked to the health system for perinatal care. Immunization and guidance for infant feeding practices, diarrhoea management and birth spacing are provided. Activities for children under three years old include supplementary nutrition, the provision of vitamin A and iron/folic acid tablets, early childhood stimulation, growth monitoring and promotion, improved infant feeding practices and community-based nutrition surveillance and support. While supplementary nutrition will be provided to those under six years, children between three and six years old will also receive pre-school education.

23. UNICEF cooperation will support the training process, including the training of the projected 1,150 child development project officers, 5,000 supervisors, 100,000 anganwadi (assembly of pre-school children for a particular social intervention) workers and 100,000 helpers; strengthen access of pregnant and nursing women to MCH, preventive health services and supplementary nutrition; provide information on child care, health and nutrition to mothers; enhance early stimulation and the learning environment through non-formal methods, with technical support from resource institutions; support government efforts to strengthen operational capacity at state and district levels; encourage response to population-specific needs through a flexible combination of services; promote convergence of socio-economic inputs in ICDS project areas; and use the ICDS infrastructure as a vehicle for promoting other services, as well as public awareness and participation.

Women's development

24. All programme components will aim to improve the status and situation of women and girls, particularly by promoting participatory approaches in community organization. In addition, UNICEF will support their mobilization and active participation based on approaches developed under WDP in Rajasthan. This involves enhancing interpersonal communication in order to raise awareness of factors affecting women's status and situation, forming groups to address those factors and developing leadership and capacity among women to participate effectively in local bodies and community organizations.

25. Coverage under the Development of Women and Children in Rural Areas programme will be extended from the current 160 districts to another 280 districts during 1991-1995, with the aim of establishing 30 women's groups in every development block. These groups will seek to enhance opportunities for self-employment through improved access to credit, skills training, infrastructural support, cash and other productive resources; and will enlarge their access to, and control over, the cluster of basic services they and their children require through links with health, education, water supply and

other social support systems. UNICEF will support this process through extensive qualitative improvements and innovations in establishing linkages with mainstream institutions in the relevant districts.

26. For adolescent girls, the aim is to reduce the proportion of early marriages and early pregnancies and to equip them with basic literacy, life and vocational skills to provide them with options in life. Policy development, communication and public education activities at national and State levels will aim to change parental and social attitudes on girls' needs and marriage ages. In addition, a package of services will be built onto existing programmes, including ICDS, the Development of Women and Children in Rural Areas, MCH and non-formal education, in specific districts.

Urban basic services

27. The broad aims of UNICEF cooperation are the reduction of morbidity and mortality through the extension of child care and health services and water and sanitation facilities; improved access to basic and community education; increased awareness and capacity of urban low-income groups to meet their own needs; and the promotion of participatory approaches in Government and voluntary agencies for the urban poor. A prerequisite for action will be the organization and participation of communities through neighbourhood development committees.

28. UNICEF support will focus on strengthening a network of subnational training institutions; supporting management information systems at town/district levels; information and communication; poverty studies and policy research; supporting the non-governmental sector in innovative experiments; intensive programming in selected districts; and supporting service delivery in emergent situations.

Support for community-based convergent programmes

29. The aim is to enable communities to direct their own development, particularly activities for the well-being and development of children and women. This will involve organizing, informing, training and activating community-level organizations and women's groups, in particular, to enable them to be involved in planning, managing, evaluating and sustaining development activities; orienting and assisting government functionaries of various socio-economic services to coordinate better the planning and implementation of activities for children and women; and orienting and involving women and other members of Panchayat (local government council) institutions, cooperatives and community organizations in these districts.

30. The related activities comprise support for a brief district-specific structural and situation analyses involving the community; the selection and training of community volunteers; organizing, training and activating women's groups; orientation of members of community organizations such as Panchayats and co-operatives; orientation of government functionaries; improving social planning competence at community, block, district and State levels; monitoring

of process and impact based on a set of basic indicators of "human development" involving the community; and exchange of programme experience and mutual support between districts/States.

Health

31. UNICEF will support the reduction of IMR from 94 per 1,000 live births in 1988 to 75 per 1,000, U5MR from 146 to 125 per 1,000 live births and MMR from 400 to 300 per 100,000 live births by 1995. The goals for the control of childhood diseases include the eradication of poliomyelitis in 40 per cent of districts (and 60 per cent of urban areas), the elimination of neonatal tetanus, the reduction of measles deaths by 95 per cent, the reduction of diarrhoeal deaths by 30 per cent, the reduction in deaths caused by ARI by 20 per cent and the virtual elimination of nutritional blindness. Services for safe motherhood will aim at 60 to 100 per cent coverage.

32. Using the strengthened infrastructure that enabled universal immunization, a universal immunization programme plus package of services combining immunization with basic MCH interventions such as the control of diarrhoeal diseases, pneumonia therapy, vitamin A distribution and new-born care for young children, tetanus toxoid immunization, anaemia control, antenatal care, screening for high risk, referral, care at birth and birth spacing, will be implemented progressively towards universal coverage. Voluntary and women's organizations will be partners in achieving common goals. Intersectoral linkages will be activated with education, water and sanitation, women's programmes, ICDS and urban basic services. Private practitioners and doctors from indigenous systems of medicine will be involved in activities for child health and safe motherhood as partners for improved health care delivery. Systems support by UNICEF will seek to strengthen training, communication and information, management information systems, materials and supplies management, health equipment maintenance, indigenous product development, referral systems and capacity-building.

33. UNICEF will support activities to control area-specific public health problems such as leprosy, malaria, kala-azar, sexually transmitted diseases, Japanese encephalitis, acquired immunodeficiency syndrome (AIDS), tuberculosis and yaws, in addition to cooperating in eradicating dracunculiasis (Guinea worm disease).

34. UNICEF inputs in the health sector will include supplies for the universal immunization programme plus package, training and related materials, communication materials, operational support, management information, evaluation and disease surveillance, support to product development and operations research.

Education

35. National basic education goals include universal elementary education for children up to the age of 14 years by 1995, with different target-specific areas and socio-economic groups in terms of access, retention and achievement,

and the elimination of adult illiteracy by the year 2000 in the 15- to 35-year-old group. Expansion of early childhood development activities, strengthening of primary education delivery, reorientation of non-formal education and a refocusing of adult education and literacy activities will be the main areas. Strategic government concerns include decentralization through local planning; community involvement and social mobilization so that education becomes a people's movement; special efforts to reduce disparities among different socio-economic groups, with particular emphasis on women and girls; and a concerted effort to make the system work and be more responsive.

36. Within this framework of Education for All, UNICEF cooperation will centre on strengthening capacity - at the national level and in selected States - for programme planning and implementation within key subsectors such as teacher education, educational media, micro-planning, non-formal education and the National Literacy Mission; the dissemination and application of proven approaches and strategies; programme development for specific areas and population groups in districts selected for community-based convergent services; and support to a comprehensive programme of educational reconstruction in the State of Bihar.

37. The major programme for UNICEF support will be the Bihar education project, which aims to reach educationally and economically deprived segments of the population through intensive, long-term and multifaceted programmes and, through education, trigger changes in other spheres. Thus, universal primary education and reduction in illiteracy will serve the objectives of women's equality, equal educational opportunities for socially and economically deprived groups, relating education to people's living and working conditions, and linking education with science and the environment.

38. In selected districts, support will be provided to encourage district-level planning and implementation of Education for All, with a focus on meeting the learning needs of particular target groups such as girls, working children and children in urban slums and squatter communities. Support activities will include situation studies; district/block-level planning; interlinked delivery of early stimulation, early childhood education, primary education and adult literacy; teacher training; development and use of teaching-learning materials; community and resource mobilization; networking with voluntary organizations; and mechanisms for management information, supervision and evaluation.

Nutrition

39. The objectives of UNICEF cooperation include the reduction of severe and moderate protein-energy malnutrition and of the number of low birth-weight babies; promotion of breast-feeding and improved weaning practices; increasing availability of low-cost nutritious supplementary foods for infants and children; promoting growth through ICDS and health services; and control of iron, iodine and vitamin A deficiencies.

40. UNICEF will support interventions combining dietary improvement and provision of prophylactic doses of vitamin A aimed both at eliminating nutritional blindness, and in view of the increasing evidence that vitamin A deficiency increases child mortality rates, as part of a broader PHC programme. Those efforts will be linked to measles immunization for infants and to ICDS and MCH channels for young children. A similar approach will be followed for reducing nutritional anaemia among women and children, combining short-term (iron folic acid tablets) and long-term (dietary) strategies, using the tetanus immunization contact for pregnant women and ICDS/MCH channels for others.

41. To control iodine deficiency, universal salt iodation, demand creation and consumption, and quality control will be promoted. The priorities in infant feeding practices will be exclusive breast-feeding up to four to six months and the promotion of awareness on timely and proper supplementary foods. Growth monitoring and promotion will be supported, linked to improved nutrition surveillance at the community level, and will include better care and improved feeding of infants, children and women at the household level. Maternal nutrition and energy conservation during pregnancy will be promoted as a part of safe motherhood services. Experimental projects will be supported to reach a package of services, including nutrition awareness and supplements to adolescent girls.

Water supply and sanitation

42. The goal of the eighth five-year plan is to provide one hand-pump for 150 people at a distance of not more than one kilometre from village dwellings in plains and 50 metres elevation difference in hills; and for sanitation, to enable 15 per cent of the rural population to use low-cost, pour-flush latrines. In support of these national goals, UNICEF cooperation will focus on increased awareness and behavioural change for better environmental sanitation and personal hygiene; elimination of dracunculiasis; effective community management of water and sanitation interventions through greater participation of women; increased availability of drinking water and sanitation facilities; stronger operational linkages between water supply, sanitation and health interventions, particularly diarrhoea control; development and propagation of low-cost appropriate technologies; training of personnel at different levels; and development of management information systems.

43. The following activities will be pursued at the national level: support for policy formulation for community involvement and participation; the pursuit of new viable technological options; support to management information, operations and maintenance systems; state-level capacity-building for communication and mobilization; improving government drilling capacity; monitoring groundwater fluctuations, drilling and geophysical investigations, including hydrofracturing and remote-sensing techniques; development of the India Mark III hand-pump, designed for easier village-level maintenance, and suction pumps for shallow wells; quality control; and methods for rainwater harvesting and home treatment of drinking water.

44. In sanitation, national-level activities will focus mainly on awareness generation for behavioural change, training capacity, alternative technologies, local production capacity, collection and sharing of information and involvement of non-governmental agencies. The successful strategy employed for the control of dracunculiasis, especially the village contact team approach, will be replicated in other districts to achieve disease eradication/surveillance.

45. In selected districts, national-level activities will be supported through communication, community mobilization, training of community organizers, baseline surveys and community-level monitoring through village committees to promote community ownership and management of the facilities established. Linkages with the health system, ICDS and women's groups will be strengthened, with substantive involvement of voluntary agencies. Government efforts in the eradication of dracunculiasis will also be supported in selected districts through increased awareness, detection and treatment of infected patients and through safe water supplies.

Prevention of disability

46. UNICEF supports the Government in its efforts towards prevention and early detection/intervention through health and nutrition programmes, ICDS and other community-based programmes. Activities supported by UNICEF will be implemented by the National Institutes for the Handicapped, district-level rehabilitation centres and voluntary organizations. Broadly, the activities comprise continued support to immunization; prevention of nutritional deficiencies such as vitamin A and iodine; dissemination of information on nutrition and healthy behavioural practices aimed at prevention through health services, ICDS, urban basic services and other community outreach programmes; training of mothers, families and front-line workers, including anganwadi workers, to detect incipient disability; early intervention at family and community levels to limit adverse consequences; and mobilizing the resources of health, ICDS and urban basic services systems for disability prevention.

Children in especially difficult circumstances

47. The objectives of UNICEF cooperation are advocacy for policy and programme development; support to capacity-building and networking among governmental and non-governmental agencies; and non-institutional, community-based approaches to protect children. Activities for UNICEF support will include awareness creation and advocacy so that policy makers, city planners, Panchayats, opinion leaders, law enforcement officers and others can provide these children with their attention and assistance. The Ministry of Welfare will initiate a series of consultations with other ministries, such as education, labour and health, to evolve an integrated package of services for children in especially difficult circumstances. Selected institutions and programmes such as ICDS, urban basic services and the Development of Women and Children in Rural Areas, working with risk-prone communities and undertaking preventive, community-based and family-focused

interventions, will receive support. Attention will be paid to the protection of child workers in the unorganized sector and rural areas, with the help of legal, educational and health/nutrition activities.

Information and communication

48. All the programmes include a strong communications aspect, using behavioural research, social marketing and media planning techniques to improve programme planners' understanding of community needs, as well as to improve the effectiveness of programme delivery. In addition, information on child survival and development (CSD) is generated and disseminated to the public and to policy makers to mobilize political and popular energies to achieve these goals.

49. Activities include advocacy for policy impact through the dissemination of information on themes related to children and women, for which the priorities embodied in the Convention on the Rights of the Child constitute an important framework; enhanced public awareness highlighting the problems and needs of children through awareness campaigns, public service advertising, orientation for opinion leaders and support to special events; capacity-building through orientation workshops for media units, folk artists, field functionaries; development of training materials; introduction of child-related courses in open universities; support to other programmes to complement sectoral communication components; and evaluation, feedback and impact studies on the ongoing media orientation projects.

Planning, monitoring and programme support

50. The broad objectives are national action for giving the highest priority to the essential needs of children; strengthening programming capacity at district and state levels; developing effective monitoring and evaluation techniques as a management tool; and the monitoring and analysis of the situation of children and women at the district, state and national levels. The country programme will be jointly monitored and reviewed by the Government and UNICEF through a process combining regular reporting on performance and expenditures, annual reviews, component-specific evaluations and a mid-term review in the third year of the programme.

51. Activities supported include the development and monitoring of critical indicators with which the Government can measure progress in all sectors towards the CSD goals of the 1990s. This will be done mainly through the use of existing reporting systems. As needed, additional capacity for monitoring and using indicators will be built, for example, through participatory monitoring of programme coverage and results at the community level, and by involving NGOs and technical institutions in monitoring and evaluation. The support of international and local agencies and organizations will be enlisted, as appropriate, and where their collaboration will enhance services for children and women. Other activities will relate to studies and research on the rights of the child and to meeting the operating costs of UNICEF personnel assigned to more than one programme sector.

TABLE 1. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1985-1990

(In thousands of United States dollars)

COUNTRY: INDIA
LATEST BOARD APPROVAL: 1985
GENERAL RESOURCES: $175,000,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Health	19508	74671	1601	2033	325	1179	12251	9786	33685	87669	121354
Water supply and sanitation	19761	32848	634	2578	1460	2287	8264	9650	30119	47363	77482
Nutrition	3811	177	52		104		1223	80	5190	257	5447
Education	2704	19	849		7		6224	56	9784	75	9859
Community organization and development	5739	26	20413	55			11335	118	37487	199	37686
Young child development	3630		768		121		827		5346		5346
Women-centred programme	1287	20	432		22		7847	25	9588	45	9633
Advocacy	76		45		106		273		500		500
Emergency					1	180			1	180	181
Planning and project support	9540	2635	283		8672	378	6889	1286	25384	4299	29683
Freight	2873	2646							2873	2646	5519
GRAND TOTAL	68929	113042	25077	4666	10818	4024	55133	21001	159957	142733	302690

GR = General resources.
FSF = Funded supplementary funding.

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TABLE 2. PLANNED EXPENDITURE, 1991-1995

(In thousands of United States dollars)

Country: INDIA Period covered: 1991-1995	Funding status	1991	1992	1993	1994	1995	Total
Health and childhood disability	GR	6100	6600	7080	7380	7640	34800
	FSF	2500					2500
	NSF	20000	20000	22000	15000	14000	91000
Water supply and sanitation	GR	3500	2850	2770	2720	2160	14000
	FSF	8200					8200
	NSF	10000	12000	15000	15000	12000	64000
Nutrition	GR	1000	700	800	800	700	4000
	NSF	2000	2500	2500	2500	1500	11000
Education	GR	6000	4500	3500	3000	3000	20000
	NSF	10000	15000	25000	25000	25000	100000
Urban basic services and community-based programmes	GR	2800	3000	2400	1700	1600	11500
	NSF		2500	4500	6000	7000	20000
Young Child Development	GR	8000	10000	10500	10500	11000	50000
Women-centered programme	GR	3500	3500	4000	5000	4700	20700
	NSF		500	1000	1500	1000	4000
Children in especially difficult circumstances	GR	500	700	800	900	800	3700
Information and communication	GR	600	650	650	500	400	2800
Planning and social statistics	GR	300	300	400	400	310	1710
Programme support	GR	2400	2400	2300	2300	2390	11790
TOTAL	GR	34700	35200	35200	35200	34700	175000
	FSF	10700					10700
	NSF	28910	52000	69000	63500	59500	290000
GRAND TOTAL		74310	87200	104200	98700	94200	475700

GR = General resources.
NSF = New supplementary funding.
FSF = Funded supplementary funding.

TABLE 3. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: INDIA	Number of posts	Amount (thousands of United States dollars)
FINANCED FROM 1992-1993 PROPOSED BUDGET:		
International Professional established posts	9	2077934
Local national Professional and General Service established posts	171	4717576
Operating costs		4749314
Total	180	11544824
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources	26	5563000
Supplementary funds	3	632000
Local national Professional and General Service project posts		
General resources	138	3691720
Supplementary funds	19	508288
Total	186	10395008

a/ For information source, see 1992 post authorization table, dated January 1991.

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Programme Committee
1991 session

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Myanmar

The Executive Director recommends that the Executive Board approve the country programme of Myanmar for the period 1991-1995 in the amount of $25,000,000 from general resources, subject to the availability of funds, and $15,000,000 in supplementary funds, subject to the availability of specific-purpose contributions.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1990, will be contained in the "Summary of 1991 recommendations for general resources and supplementary funding programmes" (E/ICEF/1991/P/L.2).

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THE SITUATION OF CHILDREN AND WOMEN

1. Though richly endowed with natural, human and cultural resources, during the past half decade Myanmar has experienced economic decline and political instability, which have led to a deterioration in most facets of the lives of children and women. Even where progress has been made, it has seldom kept pace with population growth, which has remained at 2 per cent over the past 40 years. At the current rate, the population of 40 million would double in 35 years. The actual demographic trend will be determined largely by current policies and interventions.

2. In 1987, Myanmar was designated a least developed country. Its deep-seated economic problems - the result of policy shortcomings, decades of central planning and widespread controls - were exacerbated when most bilateral aid was suspended following the disturbances of mid-1988. Per capita income and essential imports have fallen, while high inflation has led to widening disparities. The transition to a more open, market-oriented economic system since 1989 has been slow, and lacks a comprehensive adjustment strategy. The pace and scale of social sector development are currently constrained by the lack of foreign exchange for essential imports.

3. The current Government, the State Law and Order Restoration Council, took power in September 1988 after the 26-year reign of the Burma Socialist Programme Party. The Council, as an interim Government, has given itself a limited set of tasks to complete, one of which was organizing the multi-party election of May 1990 in which the National League for Democracy won over 80 per cent of the seats in parliament. However, considerable political uncertainty and tension followed the election, when the transfer of power was deferred pending the formulation and adoption of a new constitution. As of November 1990, no timetable had been set for its completion.

4. Estimates of infant mortality range between 62 and 90 per 1,000 live births and under-five mortality between 83 and 150 per 1,000 live births, according to different sources. One half of young child mortality is due to several diseases: pneumonia; diarrhoea; tetanus; vaccine-preventable diseases; and malaria. Four major predisposing factors underlie this mortality:

(a) Low birth weight (29 per cent of all births), the result of habitually inadequate maternal food intake, smoke inhalation, hard physical labour during the third trimester of pregnancy and small stature;

(b) Malnutrition in children under three years old, the result of repeated episodes of infection and infestation, in combination with parental ignorance about proper feeding and disease prevention and management and, to a lesser extent, poor availability of food, low purchasing power and inadequate nutrient content of food. While breast-feeding frequency is high and its duration long, this wholesome practice is now threatened by modernization and import liberalization. Protein-energy malnutrition often occurs in

conjunction with other nutrient deficiency diseases such as vitamin A deficiency (around 1 per cent of children under five years old) and anaemia (15 to 45 per cent of children under five years old). In addition, about one half of the deaf-mutism among children is reported to be caused by iodine deficiency, and an unknown number suffer from irreversible cretinism. An estimated 6,000 babies are born with hypothyroidism each year and are at high risk for mental subnormality;

(c) A chronic lack of essential drugs throughout the health care system and the market place. Only about 10 per cent of basic needs are met;

(d) Too many children, too closely spaced, are born to mothers who are too young or too old, and thus are at higher risk than others. This problem is at least in part due to the absence of a clearly defined population policy. Contraceptive prevalence is around 10 per cent.

5. Life expectancy at birth is around 58 years, but the life expectancy of a child who has survived to five years of age is around 65 years. Maternal mortality is underreported at 123 per 100,000 live births and considerable regional disparities exist. The high abortion rate, estimated at 80 per 1,000 live births, continues in spite of a policy that prohibits termination of pregnancy for other than medical reasons. Other causes of maternal deaths include haemorrhage, anaemia and other complications of pregnancy. Many other health problems are prevalent, including leprosy, dengue fever and tuberculosis. Infection with the human immunodeficiency virus (HIV) deserves special mention because of its sudden sharp rise among intravenous drug users and other high-risk groups.

6. The widespread basic health care infrastructure remains underutilized, mostly as a result of shortages of essential medical supplies, management problems and the lack of demand-creation efforts. Many support systems need upgrading, including training, logistics and warehousing, data collection and statistics, national and subnational planning, remuneration and rewards. Problems of supply distribution and staff supervision have been exacerbated by the recent increase in petrol prices and further petrol rationing.

7. The rates of water supply and sanitation coverage in rural areas are estimated at 30 per cent. Urban water supplies are largely untreated owing to the lack of chemicals. There is a high incidence of water-related diseases, including diarrhoea, hepatitis and typhoid, providing a public health justification for larger investment. Productivity benefits of village water supplies in terms of reduced time and effort in water fetching, done mostly by women and children, provide an equally strong justification for increased water coverage. In addition, village water supplies may help to keep rural-to-urban migration down to their current low levels.

8. Early childhood development activities, mostly in urban areas and catering to about 50,000 children under the age of five years and run by volunteers, are limited to about 650 day-care centres. On the other hand, the primary school network is widespread, with an average of one school for two

villages. While primary school teachers are generally qualified and dedicated, their teaching skills suffer from the absence of pre-service teacher training. Moreover, serious problems exist with regard to enrolment, since around 33 per cent of young children never enrol, and fewer than 30 per cent of those who do complete grade 4. Only 1 in 10 children completes primary school in the allotted five years. The causes of this inefficiency are complex, interrelated and not well understood. While limited survey data suggest that poverty is the principal determinant, it is believed that this conceals other significant factors, such as dissatisfaction with the quality and relevance of education. In addition, a rigid annual pass-or-fail examination system results in high repeater rates, labelling a child a failure early on and leading to further demotivation. Meanwhile, although the literacy rate is still reported to be around 75 per cent, many of the 2.4 million neoliterates who had benefited from a national literacy campaign initiated in 1967 are estimated to have reverted to illiteracy because of the absence of literacy maintenance programmes.

9. Information and communication media are under State control and are now beginning to be used for the systematic dissemination of priority messages on child-related topics. There are hardly any local non-governmental organizations (NGOs), but the large number of front-line workers and volunteers with regular household contacts form an important potential resource that has yet to be utilized systematically through the professionalization of research, communication, training and supervision approaches.

10. A review of current Myanmar legislation shows that virtually all rights recognized in the Convention on the Rights of the Child are reflected in existing legal enactments. The Government has indicated that ratification of the Convention is under process. It is notable that gender disparity does not appear to be a problem. However, while the actual situation of children in difficult circumstances is not known with any precision, there is evidence that their situation is deteriorating, particularly among working children, who are often out of school. Even less is known about the situation of children in the border areas, which have been inaccessible to service delivery for almost three decades because of security reasons. Recently, however, the Government has invited the United Nations development system to explore ways to help extend social and economic development services to those areas.

PROGRAMME COOPERATION, 1987-1990

11. For the past four-year programme of cooperation, the Executive Board approved $32.5 million - $20 million from general resources and $12.5 million for supplementary-funded projects. Expenditures during the same period were estimated at $19.5 million from general resources and $9.5 million from supplementary funds. Reimbursable procurement on behalf of the Government amounted to $2.5 million. Notable gains were made in the fields of health and nutrition, and water supply and sanitation, while activities in education and communication remained limited in scope and impact.

Health and nutrition

12. It is estimated that during the period 1987-1990, universal child immunization (UCI) averted over 60,000 deaths of young children, more than 5,300 poliomyelitis cases and some 2.4 million episodes of vaccine-preventable diseases. This represents more than 35 per cent of vaccine-preventable mortality and morbidity among young children. At the beginning of the present country programme cycle, the ambitious objective of UCI was to cover all children in the country by 1990. This did not take into account, however, the difficulties involved in implementing UCI in the 109 townships situated along the borders, where security problems and inhospitable terrain are major constraints. Despite these constraints and the interruptions caused by the turmoil of 1988, UCI is expected to be achieved in the remaining 209 townships, in which almost 80 per cent of the country's population live.

13. UNICEF provided all vaccines (except some locally produced tetanus toxoid), steam sterilizers, cold-chain equipment (including cold rooms in Yangon and Mandalay), funds for training of vaccinators and supervisors, transportation of vaccines and operational expenses at township and village levels. UNICEF also provided consultancy services to improve the logistics operation in support of UCI and other health services. Although Rotary International does not have an organization in Myanmar, it pledged $1,200,000 for the procurement of 19.5 million doses of oral poliomyelitis vaccine for the period 1990 to 1995 under its PolioPlus programme.

14. Diarrhoea management strategy is based primarily on the distribution of oral rehydration salts (ORS). UNICEF supported the local production of ORS by providing raw materials and machinery. On average during the period 1987-1990, 2.6 million sachets were produced per year, almost sufficient to manage the estimated 1.4 million severe diarrhoea episodes in children under five years old.

15. The rural primary health care (PHC) project trained a total of 4,400 auxiliary midwives, against a target of 8,000. To equip these auxiliary midwives, UNICEF provided over 4,000 midwifery kits between 1987 and 1990. Redd Barna, the Oxford Famine Relief Campaign and Save the Children Fund (SCF) United Kingdom assisted in training and equipping over 850 additional auxiliary midwives. These basic health workers, totaling 13,700 who work together with over 8,000 midwives, now provide maternal and child health services to 36 per cent of the 65,000 villages in Myanmar.

16. The UNICEF/World Health Organization (WHO) joint nutrition support programme (JNSP) was successful in scaling up growth monitoring with promotion and nutrition counseling, and food supplementation was confined to rehabilitative interventions. Weighing is carried out monthly for infants and quarterly for toddlers by some 6,300 midwives and 11,600 auxiliary midwives. The programme provided services to 150,000 pregnant women at any given time and it is estimated also to cover around 860,000 children under three years old per year. A 1989 impact evaluation found a 50 per cent reduction in

malnutrition among infants under six months old, but no significant improvement in older age-groups. In view of the economic decline, this represents a positive programme effect. During the same period, non-programme villages registered an increase in malnutrition rates.

17. Salt iodation activities, discontinued since 1976, were reactivated during 1987-1990. Iodation was, however, limited to the salt produced by the Government-owned Salt Industry Corporation, and thus covered only 25 per cent of the total salt consumed. To complement salt iodation activities, iodized oil injections were administered to 562,000 persons in the target population (both sexes under 14 years old and females 14 to 45 years old), and iodized oil capsules were given to another 638,000 persons. Recent studies have shown iodine deficiency disorders (IDD) to be prevalent in the lowland and coastal areas, and plans are now under way for the iodation of all salt for human consumption.

18. Following the disturbances in 1988, UNICEF and the International Committee of the Red Cross (ICRC), with the assistance of the Myanmar Red Cross, distributed 105 metric tons of emergency medical supplies valued at $991,000 to 53 hospitals and 43 clinics, and an additional $1,439,000 worth of antibiotics to 566 hospitals throughout the country. UNICEF financed this operation by diverting general resources ($600,000) and with special funds made available by Germany, New Zealand, the United Kingdom of Great Britain and Northern Ireland and the United States of America, by Rissho Kosei Kai, a Japanese NGO, and by ICRC. Moreover, food assistance worth over $1 million was provided to 78,500 poor households during the peak of the disturbances when many families were unable to earn their daily income. A special non-governmental inter-faith committee was created to carry out the relief operations.

Water supply and environmental sanitation

19. Coverage of the rural population with safe water increased from 27 per cent in 1987 to 30 per cent in 1990, owing mainly to the support of UNICEF, from both its general resources and supplementary funds received from the European Community. Other external assistance during this period came from Australia, which supported a major water supply project for villages around Pagan. The project, however, has been suspended since the end of 1988. UNICEF, with the support of the Netherlands National Committee, also assisted in creating a capacity for the local manufacture of shallow tubewell hand-pumps at the workshop of the Rural Water Supply Division. UNICEF supported the construction of 568,500 family latrines benefiting some 3.4 million people in rural areas, as well as the construction of latrines in 1,192 schools, 542 voluntary day-care centres and 224 rural health centres and hospitals.

Education and child-care services

20. UNICEF financial commitment to the physical improvement of primary schools was fulfilled, but, because of the high level of financial contributions required from the community, only 173 of the original target

number of 400 schools were improved. UNICEF assistance for the strengthening of teacher-training capacity remained limited to office equipment and textbook materials.

21. Volunteer-staffed day-care centres and pre-primary schools were unable to meet the extensive demand for these services among the community. Nor did the type of assistance UNICEF provided for the day-care centres result in significant improvement in the quality of services for the children or parents. A positive development, however, was that the volunteer-staffed nurseries for younger children began to introduce health and nutrition topics for parents.

Lessons learned

22. The high drop-out rates in UCI and the low demand for iodated salt showed that without additional inputs to inform, explain, motivate and create demand, the extensive health, nutrition and education infrastructures already in place will remain under-utilized. Behavior change objectives in projects must be made explicit, be aimed at clearly defined target groups (including service providers) and be addressed through professionally designed, large-scale communication components using multi-media and interpersonal strategies.

23. The widespread basic health care system also requires additional, carefully selected inputs to meet the needs of priority target populations. For example, adding a supplementary feeding component to the current nutrition activities would provide another safety net to deal with growth faltering before malnutrition sets in. In mobilizing, strengthening and expanding this infrastructure, activities could build on the monthly recurring contacts of UCI and growth monitoring. By improving the quality of pre-natal and post-natal contacts and services for the very young at the primary care level, and by strengthening the first referral level for emergency maternity care and the care of more complex pregnancies, it is possible to achieve high returns in terms of safer motherhood and young child survival and protection.

24. Many programmes tend to generate an overload of underused data, but remain chronically short of meaningful information on which to base decisions and action. Data analysis and interpretation, information feedback and the dissemination of findings and conclusions must be done with greater efficiency and effectiveness.

25. Community participation becomes a burden if a disproportionate contribution is demanded from the beneficiaries, as became clear in the village school construction project. The need to foster a greater sense of community responsibility for project operation, maintenance and repair was shown in the water supply and sanitation projects.

RECOMMENDED PROGRAMME COOPERATION, 1991-1995

Recommended general resources: $25,000,000
Supplementary funds: $15,000,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health and nutrition	10 000	10 000	20 000
Water supply and environmental sanitation	7 500	5 000	12 500
Education and early childhood development	5 000	-	5 000
Communication, advocacy and statistics	1 250	-	1 250
Capacity-building and support services	1 250	-	1 250
Total	25 000	15 000	40 000

a/ The breakdown for estimated yearly expenditure is give in table 3.

b/ In addition, there are also funded supplementary funding projects in table 3.

Major features of the country programme

26. The country programme consists of five programmes: (a) health and nutrition; (b) water supply and environmental sanitation; (c) education and early childhood development; (d) communication, advocacy and statistics; and (e) capacity-building and support services.

27. Country programme implementation will be guided by six complementary strategies: (a) ongoing projects that are feasible and affordable and that have proven maximum impact will be implemented universally on a nation-wide basis with coverage of the whole eligible population; (b) convergent delivery of several conceptually linked interventions in selected areas; (c) implementation of selected projects in selected areas aimed at disparity reduction; (d) testing of innovative approaches to seek affordable, effective and acceptable interventions or approaches that could subsequently be scaled up; (e) strengthening systems support to achieve successful project implementation and to enhance the capacity of the administrative structure; and (f) demand creation through strengthening social marketing activities and improving programme support communication and training.

Health and nutrition

28. This programme consists of four projects: child survival; disparity reduction; innovative approaches; and systems development.

Child survival

29. This project will build on the UCI achievement and will be implemented in 209 townships covering 80 per cent of the country's population. It aims to reduce the incidence of UCI target diseases by 90 per cent through achieving and sustaining 90 per cent immunization coverage. This will pave the way to eliminate neonatal tetanus and eradicate poliomyelitis in Myanmar. Other targets are to achieve a 30 per cent reduction in deaths caused by lower respiratory tract infection among children under five years of age; to reduce by 50 per cent deaths resulting from diarrhoea among children under five years; to reduce low birth weight by 25 per cent; to reduce maternal deaths by at least 25 per cent; to control complicated primary tuberculosis among children under three years; to reduce anaemia in pregnant women by 15 per cent; to reduce the incidence of mild, moderate and severe malnutrition among children under three years by 15 per cent; and to ensure that at least 50 per cent of mothers and all pregnant women are aware of Facts for Life messages.

30. The project will benefit a total of around 7.2 million children under three years of age (including 2.1 million infants) and 2.4 million women in 209 townships. Without supplementary funds, the number of beneficiaries and the geographic coverage would remain the same, but the array of project services would be limited. Children and mothers in the country's remaining 109 townships (20 per cent of the country's population) will receive UCI services only as and when the security and logistical situation allows, and subject to availability of supplementary funds.

31. In townships that achieve 80 per cent vaccination coverage, additional child survival activities, provided by midwives and auxiliary midwives, will be introduced in phases to assure an increasingly comprehensive array of PHC services at the village level. Once 80 per cent UCI is achieved and sustained, townships will have some flexibility in deciding the health issue to be addressed next, whether diarrhoea, lower respiratory tract infection, birth spacing, pre-natal and post-natal care, malaria, vitamin A supplementation or improved access to health information through Facts for Life messages. The central recurring activity will be monthly growth monitoring, covering each child up to at least three years of age.

32. UNICEF will provide virtually all vaccines, growth charts and essential drugs for use at the village level for the first year of the country programme, but the Government will assume increasing financial responsibility for these inputs so that by 1995 UNICEF will have gradually phased out its routine assistance. UNICEF will also support the development, pre-testing and evaluation of training and communication materials, while the Government will provide the budget for all training activities.

Disparity reduction

33. Project activities aimed at disparity reduction include efforts: (a) to extend UCI coverage to 47 of the 109 townships where UCI is not yet operational (subject to the availability of supplementary funds) and to achieve at least 50 per cent coverage; (b) to administer appropriate treatment in at least 75 per cent of cases of suspected drug-resistant malaria among children under five years old in 15 townships; and (c) to achieve the virtual elimination of IDD by the year 2000. Implementation of these activities is subject to availability of supplementary funds.

34. In the 47 townships with major security and logistical problems selected for UCI implementation, mobile solar refrigerators will be used to overcome cold-chain problems and more appropriate outreach strategies will be adopted. UNICEF will provide cold-chain and vaccination equipment and supplies, vaccines and logistical support.

35. In the eastern regions of the Shan and Karen states, almost 40 per cent of all malaria cases involve strains of malaria that are resistant to ordinary drugs. Therefore, UNICEF will provide mefaloquine tablets to reduce malaria fatality. UNICEF will also promote environmental measures designed to control malaria through the use of mosquito nets and fish breeding, with a view to demonstrating the feasibility of these approaches.

36. The Government has decided to eliminate IDD in Myanmar by ensuring that iodated salt is used universally. To help achieve this, UNICEF will provide equipment to enable the major private salt producers to iodate all salt for human consumption. Appropriate approaches will be developed to ensure that the salt produced by small private farms will also be iodated. Meanwhile, UNICEF will provide iodated oil capsules for distribution in 22 townships where goitre prevalence is high.

Innovative approaches

37. Areas of exploration for future programming include identifying amylase-rich foods that can be easily produced at the household level and mixed with infant food; studying iron deficiency in a carefully randomized sample of different regions of the country; preparing, jointly with WHO, a proposal for the local production of iron folate tablets; assessing the feasibility of introducing a credit programme for rural women; finding ways of improving the nutritional and health status of adolescent girls; and formulating a strategy for enhancing public awareness related to acquired immunodeficiency syndrome (AIDS), in cooperation with WHO and the United Nations Development Programme (UNDP).

Systems development

38. Project activities aim to strengthen the capacity of the Ministry of Health and to assist the implementing agencies in achieving the objectives of the health and nutrition programme. These will be achieved specifically by developing a need-based drug supply system and improving the management of the central medical stores; enhancing the mobility of township medical officers and midwives; enlisting the co-operation of voluntary organizations; experimenting with mechanisms of community control over, and cost-sharing for, essential drugs, along the lines of the Bamako Initiative; and improving the management of health data.

Water supply and environmental sanitation

39. This programme consists of three projects: rural water supply; hand-pump manufacture; and environmental sanitation. Hygiene education is an integral part of water supply and sanitation interventions, which will be delivered in an integrated, convergent manner to complement facilities already in place.

Rural water supply

40. The objective of the project is to increase the percentage of the rural population with access to safe water from 30 per cent in 1990 to 41 per cent by 1995. Through a variety of water supply technologies such as shallow tube-wells with hand-pumps, deep tube-wells with hand-pumps and motorized pumps, solar pumps and gravity flow schemes, the project will benefit a total population of 4.6 million by 1995.

41. The government workshop, manufacturing suction-type shallow tube-wells with hand-pumps, is now able to produce about 1,000 pumps per year with the machinery and imported raw material provided by UNICEF. The project aims to expand capacity to 4,000 pumps per year by 1995, and to manufacture 14,800 pumps during the five-year period. Private hand-pump manufacturers will also be trained to produce the standardized Burma No. 1 hand-pump.

Environmental sanitation

42. Through the construction of 553,700 latrines, benefiting 3.3 million persons, the project aims to increase household latrine coverage from 34 per cent in 1990 to 41 per cent by 1995 in rural areas. In addition, 6,000 school latrines and 1,200 latrines in health institutions will also be built. Local production of these plastic latrine pans will be attempted, with selected local manufacturers receiving technical assistance and an initial supply of raw materials.

Early childhood development

43. The primary objective is to test new approaches towards a national programme for early childhood development with a focus on what more families themselves can do. This project will limit government responsibility to the training of child-care workers selected from among the mothers of child beneficiaries. Day-care activities staffed by volunteers will be started under this project, initially in 48 rural villages and urban wards in Yangon Division, with technical and supervisory support from the Department of Social Welfare and maintained by the communities. The programme is enhanced by the involvement of parents in establishing and operating the centres and the use of mother volunteers.

Primary education

44. The project has three objectives: (a) to formulate recommendations for a reform of vital aspects of the primary education system in Myanmar; (b) to develop and implement a system to assess children's progress in primary schools continuously rather than through end-of-year examinations; and (c) to disseminate new ideas and information through the mass mailing of an educational journal to all primary schools.

45. To achieve the objectives, diagnostic studies to assess vital aspects of primary education will be made, and study visits to selected Asian countries will be undertaken. These will culminate in December 1991 in a national seminar on primary education that will review a draft plan for reform of primary education prepared by a team of national and expatriate educators. Activities will be implemented in coordination with the United Nations Educational, Scientific and Cultural Organization (UNESCO) and UNDP.

Non-formal education

46. The project aims at the development of a non-formal functional literacy programme for adult illiterates and out-of-school children and youth, as well as a programme of skills-based literacy to benefit out-of-school children and youth. Activities will be complementary in nature, with the basic learning packages to be developed for the functional literacy activities also providing the basis for the development of skills-based literacy courses. Alternative channels and extension systems will be utilized and tested for their appropriateness, as well as for their ability to mobilize participation. It

is expected that by mid-1993, both programmes will have been field-tested and enough experience gained to determine whether these activities could be implemented on a national scale.

Communication, advocacy and statistics

47. Under this programme, several government departments and UNICEF will collaborate in: (a) undertaking systematic and consistent advocacy efforts to ensure an adequate reflection of UNICEF global initiatives in national policies and plans; (b) professionalizing programme communication and training components; and (c) strengthening the decision-making process by making available selected social statistics and indicators on children and women.

Information and communication

48. This project aims to make planners and implementors more aware of the knowledge, attitude, practice and skills of field workers and community members. An analysis of the communication opportunities within existing service delivery systems will be made, with particular emphasis on front-line staff and volunteers. The contents of all programme communication will be increasingly standardized through the widest possible diffusion of Facts for Life messages.

Advocacy

49. UNICEF will continue to support activities aimed at promoting an understanding of the provisions of the Convention on the Rights of the Child and will work closely with the Government in carrying out studies on selected topics, such as working and abandoned children. Advocacy efforts will also continue on the need for adjustment with a human face and on children as a zone of peace. A biennial state of Myanmar's children report will be published from 1991.

Social statistics

50. Activities under this project aim at developing indicators to monitor national progress towards the achievement of the goals of the fourth United Nations development decade. As part of the process, the Central Statistical Organization will publish a statistical profile of children and women every two years, and also undertake a national sample survey each year. UNICEF will provide consultancy services to design national sample surveys, specifically to develop modules in areas of concern to children and women.

Capacity-building and support services

51. Activities under this programme will focus, on an experimental basis, on the domestic application of appropriate technology and research to assess the environmental impact of current behavioural patterns in different regions of the country. Activities to strengthen the capacities of volunteer organizations will be undertaken by training their members and officials. The training capacity of national trainers will be improved.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Myanmar (1989 and earlier years)

UNICEF country classification

Under-five mortality rate	91	(1989)	High U5MR
Infant mortality rate	67	(1989)	High IMR
GNP per capita	$ 220	(1987)	Low GNP
Total population	41 million	(1989)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1989
Births	(thousands)	1042	1176	1222	1218
Infant deaths (under 1)	(thousands)	109	100	92	82
Under-five deaths	(thousands)	151	139	127	111
Under-five mortality rate (per 1,000 live births)		145	118	104	91
Infant mortality rate (under 1) (per 1,000 live births)		105	85	75	67

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1980/1983-1985)	Moderate & severe	..	38a/
	Severe	..	..
Babies with low birth weight (%, 1979/1983)		20	16*
Children completing primary level (% of first grade, 1980/1987)		..	33*

NUTRITION INDICATORS	About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1980/1987)	90/ 90/ 90	../../ 94*
Prevalence of wasting (%, 1980/1983-1985)	48	17
Prevalence of stunting (%, 1980/1983-1985)	..	75b/
Daily per capita calorie supply (% of requirements, 1979-1981/1984-1986)	108	119
Food production per capita index (Index 1979-1981=100, 1980/1989)	99	120
Household expenditure (% of total income, 1980-1985)	All food/cereals	../..

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1987-1988)			21
Access to health services	Total	50	33
(% of population, 1980/1986)	Urban/rural	100/ 31	100/ 11
Access to safe water	Total	21	32*
(% of population, 1980/1988)	Urban/rural	38/ 15	38*/ 30*
Access to adequate sanitation	Total	21	29*
(% of population, 1980/1988)	Urban/rural	38/ 15	35*/ 27*
Births attended by trained personnel (%, 1980/1988)		..	25
Maternal mortality rate (per 100,000 live births, 1979/1985)		..	140

Immunization		1981	1985	1988	1989
One-year-olds (%) immunized against:	Tuberculosis	15	22	37	66
	DPT	5	8	28	50
	Polio	..	1	22	45
	Measles	..	..	25	50
Pregnant women (%) immunized against	Tetanus	6	13	22	42

TABLE 1 (continued)

Myanmar

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	91/ ..	103/ ..
(%, 1980/1987)	Male	../ ..	106/ ..
	Female	../ ..	100/ ..
Secondary enrolment ratio (gross/net)	Total	22/ ..	24/ ..
(%, 1980/1987)	Male	../ ..	25/ ..
	Female	../ ..	23/ ..
Adult literacy rate, 15 years & older	Total	71	78
(%, 1970/1985)	Male/female	85/ 57	88/ 69
Radio/television sets			
(per 1,000 population, 1980/1988)		../1	79/2

DEMOGRAPHIC INDICATORS		1970	1980	1985	1989	2000**
Total population	(millions)	27.1	33.8	37.5	40.8	51.1
Population aged 0-15 years	(millions)	..	14.1	15.6	16.3	18.9
Population aged 0-4 years	(millions)	..	4.8	5.3	5.5	6.4
Urban population (% of total)		23	24	24	25	28
Life expectancy at birth	Total	51	56	59	61	66
(years)	Male	50	55	57	59	64
	Female	53	58	61	63	68
Total fertility rate		5.6	4.8	4.3	3.8	3.2
Crude birth rate (per 1,000 population)		38	35	32	30	26
Crude death rate (per 1,000 population)		15	12	10	9	7

		About 1980	Most recent
Contraceptive prevalence rate		5	..
(%, 1980/1987)			
Population annual growth rate	Total	2.3	2.1
(%, 1965-1980/1980-1989)	Urban	2.8	2.4

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate		1.6	..
(%, 1965-1980/1980-1988)			
Inflation rate (%, 1965-1980/1980-1988)		9	3
Population in absolute poverty	Urban/rural	40 / 40	../ ..
(%, 1978/1988)			
Household income share	Top 20%/bottom 40%	../..	../ ..
(%, 1977/1988)			
Government expenditure	Health/education	5/ 11	8/ 12
(% of total expenditure, 1980/1987)	Defence	22	19
Household expenditure	Health/education		../..
(% of total income, 1980-1985)			
Official development assistance:	$US millions	309	451
(1980/1988)	As % of GNP	5	4
Debt service			
(% of goods & services exports, 1980/1988)		20	22

a/ Aged 0-36 months.

b/ Aged 24-35 months.

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1987-1990

(In thousands of United States dollars)

COUNTRY: MYANMAR
LATEST BOARD APPROVAL: 1987
GENERAL RESOURCES: $20,000,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Health	4828	1877	1209				761	76	6798	1953	8751
Water supply and sanitation	3741	3460		10	915	1	690	15	5346	3486	8832
Nutrition	603	1380	16	20			87	14	706	1414	2120
Education	1206	64	3		204		524	3	1937	67	2004
Community organization and development	35		5				65		105		105
Young child development	2						1		3		3
Women-centred programme	108	14			26		70		204	14	218
Emergency	705	997						610	705	1607	2312
Planning and project support	860	4	33		791	7	317	25	2001	36	2037
Freight	1067	456							1067	456	1523
GRAND TOTAL	13155	8252	1266	30	1936	8	2515	743	18872	9033	27905

GR = General resources.
FSF = Funded supplementary funding.

/...

TABLE 3. PLANNED EXPENDITURE, 1991-1995

(In thousands of United States dollars)

Country: MYANMAR Period covered: 1991-1995	Funding status	1991	1992	1993	1994	1995	Total
Health	GR	2000	2000	2000	2000	2000	10000
	FSF	435					435
	NSF		2200	3680	2400	1720	10000
	USF	1182	365				1547
Water supply and sanitation	GR	1500	1500	1500	1500	1500	7500
	FSF	339	188				527
	NSF	557	999	1209	1220	1015	5000
Education and early child development	GR	1000	1000	1000	1000	1000	5000
Social mobilization and advocacy	GR	250	250	250	250	250	1250
Planning and social statistics	GR	250	250	250	250	250	1250
TOTAL	GR	5000	5000	5000	5000	5000	25000
	FSF	774	188				962
	NSF	557	3199	4889	3620	2735	15000
	USF	1182	365				1547
GRAND TOTAL		7513	8752	9889	8620	7735	42509

GR = General resources.
NSF = New supplementary funding.
FSF = Funded supplementary funding.
USF = Unfunded supplementary funding.

TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: MYANMAR	Number of posts	Amount (thousands of United States dollars)
FINANCED FROM 1992-1993 PROPOSED BUDGET:		
International Professional established posts	4	1239416
Local national Professional and General Service established posts	38	918599
Operating costs		732497
Total	42	2890512
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources	5	1084000
Supplementary funds	1	226000
Local national Professional and General Service project posts		
General resources	18	429000
Supplementary funds		
Total	24	1739000

a/ For information source, see 1992 post authorization table, dated January 1991.

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Programme Committee
1991 session

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Philippines

The Executive Director recommends that the Executive Board approve the country programme of the Philippines for the period 1991 to 1993 in the amount of $12,300,000 from general resources, subject to the availability of funds, and $5,500,000 in supplementary funds, subject to the availability of specific-purpose contributions.

* In order to meet documentation deadlines, this document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme co-operation at the end of 1990, will be contained in the "Summary of 1991 recommendations for general resources and supplementary funding programmes" (E/ICEF/1991/P/L.2).

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THE SITUATION OF CHILDREN AND WOMEN

1. Although the economy of the Philippines has been moving along the road of recovery since 1986, the gross national product (GNP) grew in 1989 at a slackened pace of 5.7 per cent. The slowing economy was further exacerbated by continued insurgency and natural disasters such as typhoons, a severe drought in mid-1989 and a major earthquake in 1990 in northern Luzon. In late 1990, as a result of the Persian Gulf crisis and the earthquake, GNP growth was estimated at 3.8 per cent. The proportion of Filipino poor was reduced from 59 per cent in 1985 to 49 per cent in 1989, but the issue of income disparity in the country remains a challenge. The annual inflation rate increased from 4 per cent in 1987 to 10 per cent in 1989, and to 14 per cent by mid-1990. While the Government had originally planned to allocate 22 per cent of the national budget to social sectors in 1987 and to increase it further to 39 per cent by 1992, allocations were reduced to 17 per cent in 1987 and 19 per cent in 1989, mainly owing to debt servicing, which required over 40 per cent of the national budget.

2. According to the 1990 census, the population was 60.5 million, indicating an increase of 26 per cent since the last census in 1980. The situation of children in the Philippines improved in the latter half of the 1980s. The infant mortality rate (IMR) decreased from 48 to 44 per 1,000 live births from 1985 to 1989. The disparity between regions, however, has remained high. While the National Capital Region had an IMR of only 35 per 1,000 live births, Central Mindanao registered an IMR of 101 per 1,000 live births in 1989. The maternal mortality rate (MMR) in the regions varied from 50 to 170 per 100,000 live births. The main causes of morbidity and mortality among children have continued to be communicable diseases. Pneumonia is one of the main causes of death, while bronchitis is the leading cause of illness among children. With the achievement of universal child immunization (UCI), polio, tetanus, diphtheria and whooping cough have declined, but the incidence of measles has declined slowly.

3. The nutritional status of children under six years old is slowly improving. The percentage below the standard weight-for-age decreased from 17 per cent in 1982 to 14 per cent in 1989 and, understandably, only a slight reduction was noted in the category of weight-for-height from 9.5 to 9 per cent. Three quarters of all infants suffered from iron deficiency anaemia and 12 per cent of children aged 7 to 17 years were found to have goitre. In several provinces, the malnutrition rates remain unusually high.

4. The country has a high literacy rate of 86 per cent. While the elementary education enrolment has reached 99 per cent among children aged 7 to 12 years, the cohort survival rate for elementary schools remained at 68 per cent in 1989. Many provinces have much lower rates, i.e. 35 per cent in Sulu, 44 per cent in Basilan and 51 per cent in Ifugao. Around 2 million children - about 17 per cent of pre-school children - receive some form of early childhood development services. The secondary participation rate has improved significantly since 1988, when the Free Secondary Education Act was declared to provide free public high school education to all.

5. The situation of children in especially difficult circumstances has shown some deterioration. This refers to working children, sexually exploited children, drug dependents and youth offenders, street children and children in situations of armed conflict. The fast growing urban population exacerbates the situation further. Working children numbered 3.7 million in 1988, indicating an increase of 6 per cent from 1986. Child prostitutes were estimated to number around 20,000. Studies indicated that the percentage of street children in major cities ranged between 1 and 3 per cent of the child and youth population. Some 120,000 children were affected by insurgency.

6. Improvements in the health and educational status of women have been noted in the last few years. While the national female literacy rate is 85 per cent, it is less than 50 per cent in some provinces. Life expectancy increased from 65 years in 1986 to 66 years in 1989, but in some regions, it is less than 50 years. The total fertility rate declined from 4.4 in 1985 to 4.1 in 1989. MMR remained constant at 100 per 100,000 live births between 1985 and 1989.

7. Analysis shows that although national-level indicators are encouraging, the skewed distribution of income and resources has left some regions and provinces way behind in physical infrastructure, as well as in economic and social development. There is a strong need to address the problems in these areas and to support deprived population groups such as the urban poor, women in poor regions and children in especially difficult circumstances.

PROGRAMME CO-OPERATION, 1988-1990

8. The Third Country Programme for Children 1988-1992 was designed to focus on the reduction of disparities by helping some of the remote and less-served provinces and cities. The following two basic components were adopted: (a) focused and intensified basic services for children and women through area-based programmes in seven provinces and 10 cities; and (b) selective support of national sectoral programmes emphasizing simple, tested and high-impact interventions initiated in the second programme, namely immunization, home food production, oral rehydration and early childhood education. The issues of children in especially difficult circumstances received increased emphasis through projects for street children, working children and children in situations of armed conflict.

Area-based child survival and development programmes

9. All 73 provinces and 60 major cities were classified on the basis of child-related, socio-economic indicators, and 7 least developed provinces and 10 cities were selected as area-based child survival and development (CSD) programme areas. The basic thrusts of the area-based CSD strategy rest on (a) the assurance of basic services being made available in the selected rural and urban barangays (village/neighbourhood communities); (b) the definition of the most vulnerable children and families in the communities for targeted service delivery; (c) greater community involvement in decision-making and

management; (d) building capacities of local government units, national government agencies and non-governmental organizations (NGOs) to sustain interventions; and (e) advocacy and social mobilization.

10. Area-based and national programmes were seen as complementary and interlinked. The selected area-based CSD provinces and cities were prime testing grounds for innovations and adaptations of technologies to local needs, and the experiences achieved, it was envisaged, would be replicated nation-wide. By 1990, the country programme for children was providing area-based services in 574 barangays in 88 municipalities in the 7 provinces and in 242 barangays in 10 cities. Sectoral programmes were being assisted nation-wide, with more than 1 million children and women beneficiaries.

11. The area-based CSD strategy was implemented in Sulu, Basilan, Tawi-Tawi, Maguindanao, Lanao del Sur, Negros Occidental and Ifugao provinces. Apart from providing services to those areas, the programme stressed building local management skills for development in close partnership with communities. The coverage of fully immunized (i.e. for all antigens) children in those provinces increased significantly from 44 per cent in 1987 to 76 per cent in 1989 and is estimated to have reached over 90 per cent by the end of 1990. The systematic approach in growth monitoring in Lanao del Sur facilitated the formulation of policies on training curriculum for health workers by the Department of Health. In Negros Occidental, 16,400 parents received health and nutrition education through the teacher-child-parent approach in elementary schools. In Ifugao, a master plan for water and sanitation was developed to strengthen linkages with other key departments such as health and education. The positive gains in goitre control in Ifugao opened opportunities for salt iodization in the highly endemic Cordillera region. The under-five clinics reached 161,150 children in the 7 area-based CSD provinces.

12. Urban basic services programmes used a similar strategy to reach poor urban communities through primary health care, nutrition, water and sanitation, early childhood enrichment, community organization and livelihood components. By mid-1990, the programmes in 10 cities exceeded their target for 1992 by serving 550 slum communities in 242 barangays.

National programmes

13. Following the commitment of the Government of the Philippines to achieve UCI by 1990, a five-year expanded programme on immunization (EPI) acceleration plan was developed. Immunization coverage increased dramatically by 15 per cent annually between 1987 and 1989 and reached 80 per cent of children under one year of age in 1989. The UCI target was achieved, and a comprehensive programme review is planned in early 1991. The proportion of pregnant women covered by tetanus toxoid vaccine remained low at 44 per cent.

14. The control of diarrhoeal diseases (CDD) programme was approached through a combination of preventive measures, including the provision of safe water, more sanitary facilities, health education, the promotion of breast-feeding

and oral rehydration therapy. A recent CDD review showed that 86 per cent of mothers knew of or had heard about oral rehydration salts (ORS) and the actual use rate was 33 per cent, compared to a 1987 survey that showed the ORS use rate at only 7 per cent and a high anti-diarrhoeal drug use rate at 55 per cent.

15. The acute respiratory infection (ARI) programme launched in 1990 focused on mortality reduction through early detection and treatment of severe pneumonia among children under four years of age. UNICEF provided initial support to the training of trainers in the control of ARI and supplied equipment in area-based CSD provinces. The positive results of provincial initiatives to control ARI in 1988 led to region-wide replication in the mountainous region of Cordillera.

Nutrition

16. Recognizing the multisectoral nature of nutrition programming, interventions were attempted at barangay and municipality levels and included growth monitoring in under-five clinics, household food security through bio-intensive gardening and family food production, as well as income-generating activities. For low-income families and women, the programme also provided nutrition education for mothers, nutrition surveillance and micronutrients to children and women. Specific projects such as the control and prevention of iodine deficiency disorders (IDD) were introduced when community-level data indicated high levels of goitre. Health and nutrition were introduced in the elementary schools through the teacher-child-parent approach and included the introduction of school and home/community gardens. The Departments of Agriculture and Education adopted those technologies for national programming. In Negros Province alone, 12,000 to 28,000 families were known to have home gardens, depending on the farming seasons and employment opportunities in the province. A study in Negros showed that food production helped to increase the quantity of food intake and reduce malnutrition among children. Implementation of the National Code of Marketing of Breast Milk Substitutes continued slowly. The promotion of breast-feeding became a feature of the national CDD programme. Advocacy at the national level, and social mobilization combined with a multi-pronged approach to nutrition, have produced positive results in the seven area-based CSD provinces and 10 cities.

Education

17. From mid-1989, UNICEF played an active role in promoting the Education for All theme jointly with the Government, the United Nations Development Programme (UNDP), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the Asian Development Bank (AsDB) and the World Bank. A 10-year Education for All framework (1990-2000) was prepared and incorporated into the updated Medium-Term Philippine Development Plan. Innovative approaches and alternative delivery systems in the seven area-based CSD provinces have shown encouraging initial results in improving the school participation rates and reducing drop-out rates, especially of girls. These

include a multi-grade mobile teaching project in the mountains of Ifugao; a project to upgrade the reading skills of students with difficulties in reading in five Mindanao provinces; a compensatory education project for slow learners in Maguindanao; strengthened linkages between the public elementary school system and Arabic schools in Lanao del Sur; and the teacher-child-parent approach to strengthen the health and nutrition of schoolchildren. Findings have shown a 4.5 per cent reduction in the incidence of malnutrition among the pupils using the latter approach and a significant improvement in scholastic achievements for both male and female pupils. Meanwhile, both centre- and home-based early childhood development projects were implemented in area-based CSD provinces and cities, reaching some 42,000 children.

18. Women's development activities were introduced throughout the area-based CSD and urban basic services programmes. Assistance was given to the Government and to NGOs in strengthening activities to empower women, to improve the health and socio-economic situation of women in poverty-stricken households and to integrate women's concerns into various components of the country programme. A leadership orientation and training project benefited some 250 women who then became the leaders of the women's groups and provided active support to various area-based CSD projects. The 270 women's groups organized under that programme provided training to 9,000 women in health, nutrition and education in the area-based programmes.

Children in especially difficult circumstances

19. Services for children in areas of armed conflict were provided by both the Government and NGOs. Local and national networks were established for advocacy and awareness of the Convention on the Rights of the Child and to dialogue with the security forces. The child labour project was initially implemented in three areas of Luzon. A range of basic services was provided, centred on income-generating opportunities for mothers with working children. Studies of social attitudes and labour laws were conducted to introduce and design programme thrusts within communities. The street children project reached approximately 25,000 street children in 17 major cities through a combination of community-based services and street-based interventions organized by over 300 government agencies, NGOs and organized community groups.

20. Because an emergency component had been built into the programme structure, UNICEF responded quickly to the needs of children and women affected by the major earthquake in July 1990. Medical and other relief supplies were delivered immediately to people in disaster-affected areas, followed by rehabilitation activities.

Advocacy and social mobilization

21. A national task force for social mobilization was formed jointly by representatives from various government departments and UNICEF, and a network established with active participation of NGOs and professional organizations, members of the Congress and the media. As advocacy and social mobilization assumed greater significance in programme delivery and resource generation,

concerted efforts in obtaining political support for children's programmes were a salient feature of the programme. A series of regional seminars on population and development was conducted by the Philippine Legislators Committee. The promotion of Facts for Life became an integral part of the social mobilization process, with the adaptation and translation of the messages into local languages in an attempt to reach every field worker and mother throughout the country. The Convention on the Rights of the Child was ratified by the Government, and the President signed the Declaration and the National Plan of Action following the World Summit for Children.

Mid-term review

22. A comprehensive mid-term review of the programme was held jointly with the Government in July 1990 on the basis of an updated analysis of the situation of children and women in the Philippines and extensive consultations with programme managers, communities and beneficiaries. The review noted the positive gains made in the area-based CSD programmes in 7 provinces and 10 cities and presented the following main recommendations: (a) accelerate further services delivery in the area-based CSD programme, particularly in high-risk areas and groups, based on techniques for identifying low-income, female-headed households or families with malnourished and street children; (b) strengthen the linkage between national programmes and area-based/urban basic services programmes and local government and community plans; (c) promote programme co-ordination at all levels to avoid overlapping and duplication of initiatives; (d) promote further the mobilization of local leaders, media, religious groups and communities for basic services for children; and (e) focus on the specific programme areas which pose greater challenges in achieving the 1990s goals such as tetanus toxoid immunization coverage among women, control of IDD in endemic areas, maternal nutrition, control of ARI, formulation and implementation of Education for All programmes at the provincial level, sanitation, children in especially difficult circumstances and child-monitoring systems. The review concluded that the country programme for 1991-1993 would make necessary adjustments in the plans to respond better to the identified priority needs and to synchronize the programme cycle with the government national development plan.

23. The programme for 1991-1993 is guided by the policy objectives of the National Plan for Children launched by the Government in late 1990, and the global goals and strategies approved by the UNICEF Executive Board for the 1990s. The main focus is on the reduction of IMR, MMR and the under-five mortality rate, basic education for all, the reduction of malnutrition, improvement of water and sanitation coverage and protection of children in especially difficult circumstances.

RECOMMENDED PROGRAMME CO-OPERATION, 1991-1993

Recommended general resources: $12,300,000
Supplementary funds: $ 5,500,000

Recommended programme co-operation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health	1 600	250	1 850
Nutrition	675	300	975
Family food production	275	-	275
Education	900	1 930	2 830
Advocacy and social mobilization	700	-	700
Planning and social statistics	940	-	940
Programme support	1 100	-	1 100
Area-based CSD	6 610	3 020	9 630
Total	12 800	5 500	18 300

a/ The breakdown for estimated yearly expenditure is given in table 3 below.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

24. The programme will consolidate the results achieved in the past three years and further strengthen the area-based CSD strategy through: (a) focused targeting and convergence on high-risk groups identified by a set of indicators common to all service providers; (b) studies to refine further programme approaches; (c) capacity-building, especially at the barangay/community levels; (d) community-based child monitoring systems to generate continuous awareness and basic data on the situation of children to ensure better planning and monitoring by communities; (e) closer collaboration with NGOs for more effective service delivery; and (f) institutionalization, sustainability and expansion of the area-based approach through the National Plan for Children and the government decentralization programme.

Health

25. The EPI programme will continue to be a major component of the health programme, whose objective is to sustain the national UCI coverage already achieved and to achieve UCI at provincial and municipal levels. Coverage with two doses of tetanus toxoid, which has so far remained relatively low, will be increased to 80 per cent by 1993. UNICEF will provide support for the completion of the cold-chain system, improved disease surveillance and social mobilization activities. The Department of Health plans to apply the lessons of the EPI programme and the strengthened capacities of the health staff in the provinces to achieve similar results in other key health programmes such as CDD, ARI and maternal and child health (MCH). Experiences in social mobilization and information, education and communication activities to accelerate the EPI programme will also be applied to ARI, CDD and MCH in order to achieve similar coverage and impact.

26. In an effort to assist the Department of Health in strengthening MCH services in the country, the Australian International Development Aid Bureau (AIDAB) has provided supplementary funds to UNICEF for a three-year period beginning in mid-1990 for the MCH project in 18 depressed provinces. The project will use an intersectoral approach to provide all MCH services. Training will be provided to 50 per cent of active barangay health workers to improve the quality of maternal care. MCH services will focus on high-risk pregnancies while providing adequate care to the general target clientele. The referral support system for the high-risk group will be strengthened by upgrading skills and facilities for pre- and post-natal care and obstetrics emergencies at all levels. The under-five clinics will continue with the objective of achieving nation-wide coverage of MCH services.

27. The control of ARI will be supported by focusing on early detection and rational antibiotic treatment of severe pneumonia among children under five years of age. Training and necessary drugs and equipment will be provided to the selected areas. The objective of the project is to increase the number of children seen and treated for pneumonia and to reduce the mortality due to pneumonia among 0 to 4 year olds from 5 per 1,000 in 1990 to 3.7 per 1,000 in 1993. Baseline surveys, operational research and regular monitoring visits will be conducted.

28. CDD will continue to be implemented by the government programmes, assisted by the United States Agency for International Development (USAID) and the World Health Organization (WHO), while UNICEF will assist in the development and production of communication materials for the promotion of home fluids, breast-feeding and proper weaning. Materials will be provided to midwives, health workers and barangay health workers for use in their interpersonal contacts with mothers.

Nutrition

29. The nutrition components of the area-based programmes will be further strengthened by the closer identification of villages and families most vulnerable to malnutrition. Growth monitoring and nutrition surveillance will be continued, with an emphasis on infants and young children. Bio-intensive gardens will be expanded to 156 additional barangays in order to help poor families secure home-grown food, while income-generating activities will be conducted through the mothers' organizations to help increase families' purchasing power for food. Iron supplementation will be provided to all pregnant women and anaemic lactating mothers. The project for IDD control and prevention will focus on the endemic Cordillera region by administering iodized oil capsules to a target population of about 1 million. Comprehensive nutrition intervention plans will be developed in each of the seven area-based CSD provinces with the joint participation of local leaders and communities with government agencies and NGOs.

Water supply and sanitation

30. Water supply and sanitation in the Philippines are mainly addressed by government programmes, with support from the World Bank and other bilateral donor agencies. UNICEF has provided support for some pilot schemes in the area-based CSD areas. Sanitation, which has remained a weak component, will be strengthened for the promotion of health. Support will be given to studies to identify effective means for mobilization and education; to the application of technologies to respond to the variety of environments and cultures in the area-based CSD provinces; and to the development of master plans in each province for the integration of water, health and hygiene education. Support will also be given to upgrade water laboratories and to train laboratory technicians. A national core group and provincial and municipal task forces will be organized or strengthened to build capacities for decentralized planning and implementation and monitoring, with increased community participation, especially by women.

Education

31. As part of the continuing effort of a multi-agency network of the Government of the Philippines and sponsoring agencies, which began in 1989 in preparation for the Jomtien Conference, UNICEF will increase its assistance within the framework of the Philippine Plan of Action for Education for All. Priority will be given to the educational needs of low-income disadvantaged children, women and adolescent girls, children in especially difficult

circumstances, school drop-outs and potential drop-outs. This will be achieved through expanding educational technologies in the area-based CSD and urban basic services areas and other educationally deprived areas. These technologies include the upgrading of reading skills of grades I and II pupils; the teacher-child-parent approach to strengthen school health and nutrition; non-formal education; female functional literacy; multi-grade teaching; and early childhood development through home-based and centre-based services. Personnel development, advocacy and testing of educational innovations will be the main areas for UNICEF support. Beneficiaries will include 2 million children under 6 years of age for early childhood development, 6.2 million school-age children for basic education, 1 million out-of-school youth and 200,000 female illiterates. Assistance from other sponsoring agencies including UNDP, UNESCO, the World Bank, the AsDB and UNICEF will be co-ordinated by the Department of Education and other government agencies.

Women's development

32. Assistance to women's development will continue as a consistent element of all aspects of the country programme. Several major issues require attention, such as the tendency to view women as beneficiaries rather than as partners in the development process and the multiple burdens shouldered by women, which are sometimes aggravated further by involving them in community development activities. Support will be given to orient policy makers and programme implementors towards developing a gender analytical framework promoting advocacy and facilitating agency networks for programming.

Urban basic services

33. The urban programme will give preference to larger cities with the greatest concentrations of urban poor and children in difficult circumstances, building on the experience gained through successful programming in smaller cities. Emphasis will be placed on the metropolitan approach so as to achieve wider coverage, improved services and more effective referral and response systems to meet the needs of highly mobile street children and urban working children. The participation of the urban poor in development planning will be further encouraged. Around 38,000 poor families and 30,000 street children will be provided with basic services. Greater advocacy efforts will be made to deal with issues of land tenure, housing, credit and family planning. The programme will be integrated into city development planning.

Children in especially difficult circumstances

34. Intensified efforts will be made to find more effective and innovative ways to help children in especially difficult circumstances and to tackle the root causes of their situations. Basic services will be provided to about 60,000 children affected by armed conflicts in selected areas, with particular reference to 7 area-based CSD provinces and 10 cities. Greater efforts will be made to identify lead agencies with the capacity to monitor developments in areas affected by insurgency and to initiate widespread action. Courses in

disaster preparedness and programme management will be conducted in each region for the staff of participating agencies. A mechanism will be established to generate more timely information and to enable the involved conflicting parties to agree on the guidelines on the treatment of civilians, especially children. The child labour project will further develop pragmatic and sustainable interventions to protect working children from all forms of abuse and exploitation and to promote their rights and welfare. At least 5,400 child workers and their families will be assisted in 17 selected provinces. The street children programme, which is incorporated in the urban basic services programme, will aim to accelerate community-based actions such as street schools; to expand programme coverage; and to improve the quality of services by strengthening the referral systems, in close collaboration with government and non-governmental agencies and city authorities.

Advocacy and social mobilization

35. Social mobilization efforts in support of the government commitment to the Convention on the Rights of the Child will continue, with a sharper focus on monitoring its implementation. The promotion of Facts for Life and female functional literacy are key elements, not only in the basic education programmes, but also in social mobilization, to empower women to take their children's survival and development into their own hands. The social mobilization strategy will include policy-level advocacy, media support and training and communication, both nationally and particularly in area-based CSD areas. The experience gained in social mobilization will be properly documented for replication. Information dissemination, awareness creation, advocacy and programme communication will be included in all women and child programmes.

36. The Convention on the Rights of the Child, which was ratified by the Government, and the National Plan for Children (launched by the President in December 1990) will provide a legal framework for follow-up activities on the Convention and the Declaration of the World Summit for Children. Detailed discussions and the formulation of plans at provincial and municipal levels will be held for effective implementation and monitoring of the goals for the 1990s.

Child monitoring

37. The child monitoring project will pursue its three major activities: (a) the improvement and maintenance of the system for effectively monitoring child survival, protection and development; (b) the collection and assessment of data as a tool for advocating the improvement of the situation of children and women; and (c) the improvement of systems of data generation and dissemination, especially at the local level. Efforts will be made to develop a community-based child monitoring system to assist local development councils in planning and monitoring in order to improve the quality and impact of social services and to contribute to the sustainability and institutionalization of the area-based CSD programme. Learning from this experience, a system will be established at the national level to monitor, on

a continuing basis, the situation of children and women in the country and movement towards the goals of the 1990s.

Co-operation with others

38. Based on the most positive experiences in collaborating with other United Nation and bilateral agencies in the Philippines, UNICEF will continue to work closely with WHO, AIDAB, USAID and the Canadian International Development Agency in UCI, MCH and area-based CSD programmes, as appropriate; with UNDP, UNESCO, AsDB and the World Bank in a joint effort towards achieving the goals of basic Education for All; and with USAID for CDD programmes. Close co-operation with donor countries and National Committees for UNICEF for supplementary funding projects will be maintained and further strengthened.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Philippines (1989 and earlier years)

UNICEF country classification

Under-five mortality rate	72	(1989)	High U5MR
Infant mortality rate	44	(1989)	Middle IMR
GNP per capita	$ 630	(1988)	Lower-middle GNP
Total population	61 million	(1989)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1989
Births	(thousands)	1437	1715	1883	1961
Infant deaths (under 1)	(thousands)	96	91	90	86
Under-five deaths	(thousands)	158	149	149	141
Under-five mortality rate (per 1,000 live births)		110	87	79	72
Infant mortality rate (under 1) (per 1,000 live births)		67	53	48	44

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1980/1982)	Moderate & severe	..	33a/
	Severe	..	2a/
Babies with low birth weight (%, 1979/1985)		19*	18†
Children completing primary level (% of first grade, 1980/1987)		..	75

NUTRITION INDICATORS	About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1978/1985)	79/ 70/ 53	../ 74*/..
Prevalence of wasting (%, 1980/1982)	..	7
Prevalence of stunting (%, 1980/1982)	..	42
Daily per capita calorie supply (% of requirements, 1979-1981/1984-1986)	104	104
Food production per capita index (Index 1979-1981=100, 1980/1989)	100	88
Household expenditure (% of total income, 1980-1985) All food/cereals		51/ 20

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1987-1988)			14
Access to health services	Total	..	..
(% of population, 1980/1987)	Urban/rural	../..	../..
Access to safe water	Total	..	52
(% of population, 1980/1987)	Urban/rural	../..	49/ 54
Access to adequate sanitation	Total	73	67
(% of population, 1980/1987)	Urban/rural	81/ 67	83/ 56
Births attended by trained personnel (%, 1980/1983)		..	57
Maternal mortality rate (per 100,000 live births, 1979/1984)		..	93

Immunization		1981	1985	1988	1989
One-year-olds (%) immunized against:	Tuberculosis	61	76	95	96
	DPT	51	59	79	86
	Polio	44	61	78	85
	Measles	..	55	77	83
Pregnant women (%) immunized against	Tetanus	37	55	37	43

TABLE 1 (continued)

Philippines

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1988)	Total	113/ 94	110/ 98
	Male	113/ 94	109/ 97
	Female	113/ 94	107/ 99
Secondary enrolment ratio (gross/net) (%, 1980/1988)	Total	65/ 46	71/ 54
	Male	61/ 43	71/ 54
	Female	69/ 49	71/ 54
Adult literacy rate, 15 years & older (%, 1970/1985)	Total	83	88
	Male/female	84/ 81	88/ 87
Radio/television sets (per 1,000 population, 1980/1988)		../27	135/37

DEMOGRAPHIC INDICATORS		1970	1980	1985	1989	2000**
Total population	(millions)	37.5	48.3	55.1	60.9	77.5
Population aged 0-15 years	(millions)	..	21.4	23.9	26.0	29.7
Population aged 0-4 years	(millions)	..	7.7	8.6	9.1	9.7
Urban population (% of total)		33	37	40	42	49
Life expectancy at birth (years)	Total	57	61	63	64	67
	Male	56	59	61	62	65
	Female	59	63	65	66	69
Total fertility rate		5.7	4.9	4.5	4.2	3.3
Crude birth rate (per 1,000 population)		39	36	34	33	26
Crude death rate (per 1,000 population)		11	9	8	8	6

		About 1980	Most recent
Contraceptive prevalence rate (%, 1978/1986)		37	45
Population annual growth rate (%, 1965-1980/1980-1989)	Total	2.9	2.6
	Urban	4.0	3.9

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1980-1988)		3.2	-2.4
Inflation rate (%, 1965-1980/1980-1988)		12	16
Population in absolute poverty (%, 1978/1985)	Urban/rural	36 / 56	52*/ 64*
Household income share (%, 1977/1988)	Top 20%/bottom 40%	../..	52*/ 14*
Government expenditure (% of total expenditure, 1980/1987)	Health/education	5/ 13	6 / 18
	Defence	16	9
Household expenditure (% of total income, 1989)	Health/education		2*/ 3*
Official development assistance: (1980/1988)	$US millions	300	854
	As % of GNP	1	2
Debt service (% of goods & services exports, 1980/1988)		7	25

a/ Aged 0-72 months.

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1988-1990

(In thousands of United States dollars)

COUNTRY: PHILIPPINES
LATEST BOARD APPROVAL: 1988
GENERAL RESOURCES: $12,500,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Health	2163	1841	776	614	55	116	1114	1084	4108	3655	7763
Water supply and sanitation	380	177	86	42			154	42	620	261	881
Nutrition	533	81	268	154	22		402	399	1225	634	1859
Education	60	62	214	58			140	84	414	204	618
Community organization and development	131	88	397	171		66	636	682	1164	1007	2171
Young child development	8		96				137		241		241
Women-centred programme	4		260	21	9		99		372	21	393
Children in especially difficult circumstances	2	74	14	98		54	42	679	58	905	963
Advocacy	115	2	7		40		122	4	284	6	290
Emergency	17	304	27	16			83	301	127	621	748
Planning and project support	491	278	81	43	358	112	1360	270	2290	703	2993
Freight	256	64							256	64	320
GRAND TOTAL	4160	2971	2226	1217	484	348	4289	3545	11159	8081	19240

GR = General resources.
FSF = Funded supplementary funding.

/...

TABLE 3. PLANNED EXPENDITURE, 1991-1993

(In thousands of United States dollars)

Country: PHILIPPINES Period covered: 1991-1993	Funding status	1991	1992	1993			Total
Health	GR	550	525	525			1600
	NSF		100	150			250
	USF	500	850	1150			2500
Nutrition	GR	200	225	250			675
	NSF	100	100	100			300
	USF	220	195	225			640
Household food security	GR	100	100	75			275
Education	GR	200	350	350			900
	NSF	500	430	1000			1930
Women-centred programme	GR	100	100	100			300
Children in especially difficult circumstances	FSF	498					498
	NSF			350			350
	USF	549	950	355			1854
Social mobilization and advocacy	GR	300	200	200			700
Planning and social statistics	GR	200	220	220			640
Programme support	GR	340	390	370			1100
Integrated area-based programme	GR	2110	1990	2010			6110 a/
	FSF	1617	720				2337
	NSF	676	830	1164			2670
	USF		510	180			690
TOTAL	GR	4100	4100	4100			12300
	FSF	2115	720				2835
	NSF	1276	1460	2764			5500
	USF	1269	2505	1910			5684
GRAND TOTAL		8760	8785	8774			26319

GR = General resources.
NSF = New supplementary funding.
FSF = Funded supplementary funding.
USF = Unfunded supplementary funding .
a/ Not including $500,000 allocation made for the programme in 1990.

TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: PHILIPPINES	Number of posts	Amount (thousands of United States dollars)
FINANCED FROM 1992-1993 PROPOSED BUDGET:		
International Professional established posts	3	686723
Local national Professional and General Service established posts	28	802176
Operating costs		688976
Total	31	2177875
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources	1	226000
Supplementary funds	1	226000
Local national Professional and General Service project posts		
General resources	20	761000
Supplementary funds	21	800000
Total	43	2013000

a/ For information source, see 1992 post authorization table, dated January 1991.